U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Number:				
An appearance is hereby filed by the undersigned as attorney for:						
Attorney name (type	or print):					
Firm:						
Street address: 111 West Washington St., Suite 1800						
City/State/Zip:						
ar ID Number: Telephone Numbersee item 3 in instructions)			er:			
Email Address:						
Are you acting as lead counsel in this case?			Yes	No		
Are you acting as local counsel in this case?			Yes	No		
Are you a member of the court's trial bar?			Yes	No		
If this case reaches trial, will you act as the trial attorne			y?	Yes	No	
If this is a criminal case, check your status.		F	Retained Counsel			
			Appointed Counsel If appointed counsel, are you			
			a Federal Defender			
			CJA Panel Attorney			
general bar or be granted I declare under penalty of	this Court an attorney must leave to appear pro hac vic perjury that the foregoing is as the same force and effec	e as provided true and corr	I for by lo	ocal rules 83.1 ler 28 U.S.C.§	2 through 83.14. 1746, this	
Executed on						
Attorney signature: S/						